



**CALCUTTA MATHEMATICAL SOCIETY**  
**AE-374, SALT LAKE, SECTOR-I, KOLKATA-700064.**

**APPLICATION FORM**  
**ADVANCED MATHEMATICAL ABILITY TEST (FOR CLASS IX and X )**  
**6<sup>th</sup> September, 2016 (TIME 2:00-4:30 p.m.)**

- 1. Full Name of the Candidate:**
- 2. Gender: Male/Female**
- 3. Name of the School and Address: (Candidate must enclose a copy of the Identity Card issued by the corresponding School Authority)**
- 4. Class:**
- 5. Name of the Parent/Guardian:**
- 6. Contact Number of Parent/Guardian:  
(Email and Mobile Number)**
- 7. Residential Address of the Candidate:**
- 8. Mode of Payment of Application Fees: Cash/Demand Draft**  
(DD is to be drawn in favour of 'Calcutta Mathematical Society' payable at Kolkata. Please write the DD Number, Date and Issuing Bank in case payment is made by DD)

**Signature of the Candidate:**

**Declaration by the Parent/Guardian**

**I have no objection if my son/daughter Mr./Ms. -----**  
**takes part in the Advanced Mathematical Ability Test conducted by Calcutta Mathematical**  
**Society on 6<sup>th</sup> September, 2016.**

**Signature of the Parent/Guardian:**

**Date :**

**Place:**

(Total number of seats for this test will be limited to 100. Seats will be booked on first come first serve basis.  
Application Form duly filled up and signed, with the application fees of Rs. 100/- must reach the office of the Society latest by 30<sup>th</sup> August, 2016.)